

FEC
FORM 3REPORT OF RECEIPTS
AND DISBURSEMENTS
For An Authorized Committee

SECRETARY OF THE SENATE

14 AUG 28 PM 2:19

Office Use Only

1. NAME OF
COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type
over the lines.

12FE4M5

Hagan for U.S. Senate, Inc.

ADDRESS (number and street)

PO Box 29103

Check if different
than previously
reported. (ACC)

Greensboro

NC

27429

2. FEC IDENTIFICATION NUMBER ▼

C

C00457622

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS
REPORTNEW
(N)

OR

AMENDED
(A)

NC

00

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:



April 15 Quarterly Report (Q1)



July 15 Quarterly Report (Q2)



October 15 Quarterly Report (Q3)



January 31 Year-End Report (YE)



Termination Report (TER)

(b) 12-Day PRE-Election Report for the:



Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

M M / D D / Y Y Y Y Y Y

M M / D D / Y Y Y Y Y Y

M M / D D / Y Y Y Y Y Y

in the
State of

M M / D D / Y Y Y Y Y Y

(c) 30-Day POST-Election Report for the:



General (30G)



Runoff (30R)



Special (30S)

Election on

M M / D D / Y Y Y Y Y Y

M M / D D / Y Y Y Y Y Y

M M / D D / Y Y Y Y Y Y

in the
State of

M M / D D / Y Y Y Y Y Y

5. Covering Period

M M / D D / Y Y Y Y Y Y
07 / 01 / 2013M M / D D / Y Y Y Y Y Y
07 / 01 / 2013M M / D D / Y Y Y Y Y Y
07 / 01 / 2013

through

M M / D D / Y Y Y Y Y Y
09 / 30 / 2013M M / D D / Y Y Y Y Y Y
09 / 30 / 2013M M / D D / Y Y Y Y Y Y
09 / 30 / 2013

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Dwight M. Davidson III

Signature of Treasurer

Dwight M. Davidson III

Date

M M / D D / Y Y Y Y Y Y
08 / 06 / 2014M M / D D / Y Y Y Y Y Y
08 / 06 / 2014M M / D D / Y Y Y Y Y Y
08 / 06 / 2014

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

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(Revised 02/2003)